

FILED OCT 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32549**

0050

1. PLACE OF DEATH
a. COUNTY **Barry**

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN **Cassville**

c. LENGTH OF STAY (In this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Barry**

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN **Cassville**

d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED
a. (First) **Anna** b. (Middle) **K.** c. (Last) **Roller**

4. DATE OF DEATH (Month) (Day) (Year)
10-11-1950

5. SEX **female** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH **5-25-1870** 9. AGE (In years last birthday) **80** 10. UNDER 1 YEAR Months Days 11. UNDER 1 HRS. Hour Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
9

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
John Livingston

13b. MOTHER'S MAIDEN NAME
Mary L. Statler

14. NAME OF HUSBAND OR WIFE
Dave Roller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Glen Truhitte-Cassville, Mo.,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
***This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Hypostatic Pneumonia**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Hip Fracture

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb 28, 1951**, to **Oct 11, 1950**, that I last saw the deceased alive on **Oct 11, 1950**, and that death occurred at **8:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
E. E. McDaniel, M.D.

23b. ADDRESS
Cassville, Mo.

23c. DATE SIGNED
10-14-50

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
10-13-1950

24c. NAME OF CEMETERY OR CREMATORY
Oak Hill Cemetery

24d. LOCATION (City, town, or county) (State)
Cassville, Missouri

DATE REC'D BY LOCAL REG.
10-16-1950

REGISTRAR'S SIGNATURE
Grace Williams

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
H. E. Culver - Cassville

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO,
District No. 5 - Springfield

REC. WED OCT 23 1950

Dist. File 1050-2146

Date Filed 10-24-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Margaret C. Hemmett

Licensed Embalmer No. 4389

P. O. Address Cassville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.